MARYLAND STATE DEPARTMENT OF HEALTH

FOR STATE HEALTH DEPT.

15333

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

15336

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, Md. 21201
TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1 and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.
TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Department of Health prior to burial, cremation, or removal, and in any event within 72 hours after death.

1. DECEASED-NAME (Type or Print)	First: Edward	Middle: Mason	Last: Baxter	2a. DATE OF DEATH KNOWN ☒ ESTIMATED ☐	Month: 10	Day: 11	Year: 1971	2b. HOUR: 6:45 P.M.
3. SEX: Male	4. RACE: White	5. DATE OF BIRTH: May, 2, 1887	6. AGE (In years last birthday): 84 YRS.	IF UNDER 1 YEAR: MONTHS / DAYS	IF UNDER 24 HRS.: HOURS / MIN.	2c. DATE PRONOUNCED DEAD: Month 10 Day 11 Year 1971	2d. HOUR: 6:45 P.M.	
7a. BIRTHPLACE (State or foreign country): Md.	7b. CITIZEN OF WHAT COUNTRY?: U.S.A.	8. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐	9. COUNTY OF DEATH: Kent Md.					
10. CITY OR TOWN OF DEATH: Millington	11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address): Kent & Queen Anne's Hosp.	12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.): Ret. Farmer	12b. KIND OF BUSINESS OR INDUSTRY: Farming					
13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE: Maryland	13b. COUNTY: Kent	13c. CITY OR TOWN: Millington	13d. INSIDE CITY LIMITS? YES ☒ NO ☐	13e. STREET AND NUMBER				
14. FATHER'S NAME First: James	Middle: Vinson	Last: Baxter	15. MOTHER'S MAIDEN NAME First: Julia	Middle: Ann	Last: Satterfield			
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No. (If yes give war or dates of service)	16b. SOCIAL SECURITY NO.: 219-34-3922	17. INFORMANT: Wm. Robert Baxter	ADDRESS: Millington, Md. 21651					

MEDICAL CERTIFICATION

18. **CAUSE OF DEATH** (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Craniocerebral injury — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DUE TO, OR AS A CONSEQUENCE OF
(b)
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.
DUE TO, OR AS A CONSEQUENCE OF
(c)

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)

19a. DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED?	20. AUTOPSY? YES ☒ NO ☐
21a. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH	21b. TIME OF INJURY Month, Day, Year: HOUR A.M. 3:25 P.M. 10 9 1971	21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.): Pedestrian struck by auto
21d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒	21e. PLACE OF INJURY (At home, farm, street, factory, office building, etc.): Street	21f. LOCATION Street or R.F.D. No. / City or Town: Millington, / County: Kent, / State: Md.

22a. **I certify** that I took charge of the remains described above, held an Autopsy ☒, Inspection ☐, Inquiry ☐, and in my opinion death resulted from: Natural causes ☐, Accident ☒ Suicide ☐, Homicide ☐, Undetermined manner ☐

ACTUAL SIGNATURE — Deputy — M.D.
EXAMINER'S NAME (Type): Werner U. Spitz, M.D.
CHIEF MEDICAL EXAMINER ☒
ASSISTANT MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☐
ADDRESS (Street, city, town, or county)
22b. DATE SIGNED: 10-12-71

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial	23b. DATE: Oct. 14, 1971	23c. NAME OF CEMETERY OR CREMATORY: Sudlersville Cemetery	23d. LOCATION (City or Town) (County) (State): Sudlersville Q.A. Md.	
24. FUNERAL DIRECTOR: Edward Fellows & Son,	ADDRESS: Millington, Md. 21651	25a. REC'D BY REGISTRAR DATE: OCT 18 1971	25b. REGISTRAR'S SIGNATURE: Vernon G. Randall	

VR A15ME (5) 8M-1/70

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15334

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
CERTIFICATE OF DEATH

15337

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers (Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

1. DECEASED-NAME (Type or print) First: Agnes	Middle: C. ~~MIN~~	Last: Crowding	2a. DATE OF DEATH Month: October Day: 20 Year: 1971	2b. HOUR: 6:10 PM
3. SEX: Female	4. RACE: White	5. DATE OF BIRTH: December 18, 1879	6. AGE (In years last birthday): 91 YRS.	IF UNDER 1 YEAR: MONTHS / DAYS; IF UNDER 24 HRS.: HOURS / MIN.
7a. BIRTHPLACE (State or foreign country): Maryland	7b. CITIZEN OF WHAT COUNTRY?: USA	8. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐	9. COUNTY OF DEATH: Kent Md.	
10. CITY OR TOWN OF DEATH: Chestertown	11. NAME OF HOSPITAL OR INSTITUTION (If not in hospitol give street address): Kent & Queen Anne's Hosp.	12a. USUAL OCCUPATION (Kind of work done during most of working life even if retired.): Housewife	12b. KIND OF BUSINESS OR INDUSTRY:	
13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE: Maryland	13b. COUNTY: Kent	13c. CITY OR TOWN: Worton	13d. INSIDE CITY LIMITS? YES ☐ NO ☐	13e. STREET AND NUMBER: Trailer Park
14. FATHER'S NAME First: Harry	Middle:	Last: Cooper	15. MOTHER'S MAIDEN NAME First: Elizabeth	Middle: Last: Ivens
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes give war or dates of service)	16b. SOCIAL SECURITY NO.: 217-36-2203	17. INFORMANT: Hospital Records	Address: Chestertown Maryland	

MEDICAL CERTIFICATION

18. **CAUSE OF DEATH** (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY:

4124

Conditions, if any, which gave rise to immediate cause (a), stoting the underlying cause last.

IMMEDIATE CAUSE (a): Congestive heart failure

DUE TO, OR AS A CONSEQUENCE OF (b): A. S. C. V. D.

DUE TO, OR AS A CONSEQUENCE OF (c):

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: Months / years

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)

X

19a. DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED	20a. AUTOPSY? YES ☐ NO ☐	20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
21a. ACCIDENT WAS OR CONTRIBUTING ☐ UNDERLYING CAUSE OF DEATH ☐ (If either, natify medical examiner)	21b. TIME OF INJURY HOUR A.M. P.M. Month Day Yeor 19	21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)	
21d. INJURY OCCURRED While at work ☐ Not while at work ☐	21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)	21f. LOCATION Street or R.F.D. No. / City or Town / County / State	

22a. **I certify** that (I) (~~this hospital~~) attended the deceased from ~~October 27~~ Feb, 19 71, to October 20, 19 71, thot (I) (~~we~~) lost saw the deceased alive an October 20 19 71, and that in (my) (~~our~~) opinion death occurred on the date and hour and from the causes stated above, (I) (~~we~~) (did) (~~did not~~) view the body after death.

22b. SIGNATURE: H. P. Ross	DEGREE: ATTENDING PHYS. ☒ MED. DIRECTOR ☐ STAFF PHYS. ☐	22c. DATE SIGNED: 10-23-71	
22d. PHYSICIAN'S NAME (Type): H.P. Ross, M.D.	22e. ADDRESS: Chestertown, Maryland 21620		

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial	23b. DATE: 10/23/71	23c. NAME OF CEMETERY OR CREMATORY: Still Pond Cem.	23d. LOCATION (City or Town) (County) (State): Still Pond, Md.	
24. FUNERAL DIRECTOR: J. Willis Wells	ADDRESS: Chestertown, Md.	25a. REC'D BY REGISTRAR DATE: OCT 28 1971	25b. REGISTRAR'S SIGNATURE: Vernon G. Randall	

VR-415 (4) 25m-1970

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

15335 — 15338

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers, pages 2 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

1. DECEASED-NAME (Type or print) First	Middle	Last	2a. DATE OF DEATH Month Day Year	2b. HOUR
William	Thomas	Dukes Sr.	October 24 1971	4:10 PM

3. SEX	4. RACE	5. DATE OF BIRTH	6. AGE (In years last birthday)	IF UNDER 1 YEAR: MONTHS / DAYS	IF UNDER 24 HRS.: HOURS / MIN.
Male	White	June 18, 1885	86 YRS.		

7a. BIRTHPLACE (State or foreign country)	7b. CITIZEN OF WHAT COUNTRY?	8. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐	9. COUNTY OF DEATH
Maryland	USA		Kent Md.

10. CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address)	12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.)	12b. KIND OF BUSINESS OR INDUSTRY
Chestertown	Kent & Queen Anne's Hosp.	State Roads Comm.	

13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE	13b. COUNTY	13c. CITY OR TOWN	13d. INSIDE CITY LIMITS?	13e. STREET AND NUMBER
Maryland	Kent	Worton	YES ☒ NO ☐	

14. FATHER'S NAME First	Middle	Last	15. MOTHER'S MAIDEN NAME First	Middle	Last
Thomas	Franklin	Dukes	Mary	?	Lang

16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes give war or dates of service)	16b. SOCIAL SECURITY NO.	17. INFORMANT	Address
No		218-20-4305	Hospital Records	Chestertown, Maryland

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:

		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	Cardio pulmonary arrest.	—
DUE TO, OR AS A CONSEQUENCE OF (b)	Empty sella	unk
DUE TO, OR AS A CONSEQUENCE OF (c)	Arteriosclerotic C.V. Disease	unk

Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)

19a. DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED	20a. AUTOPSY? YES ☐ NO ☐	20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21a. ACCIDENT WAS OR CONTRIBUTING ☐ UNDERLYING CAUSE OF DEATH ☐ (If either, notify medical examiner)	21b. TIME OF INJURY HOUR A.M. P.M. Month Day Year 19	21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)

21d. INJURY OCCURRED While at work ☐ Not while at work ☐	21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)	21f. LOCATION Street or R.F.D. No.	City or Town	County	State

22a. I certify that (I) (this hospital) attended the deceased from October 21, 19 71, to October 24 19 71, that (I) (we) last saw the deceased alive an October 24 19 71 and that in (my) (our) apinian death accurred an the date and haur and from the causes stated above, (I) (we) (did) (did not) view the bady after death.

22b. SIGNATURE	DEGREE	ATTENDING PHYS. ☒	MED. DIRECTOR ☐	STAFF PHYS. ☐	22c. DATE SIGNED
Robert L. Damm					26 Oct 71

22d. PHYSICIAN'S NAME (Type)	22e. ADDRESS
R.L. Damm, M.D.	Chestertown, Maryland

23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE	23c. NAME OF CEMETERY OR CREMATORY	23d. LOCATION (City or Town) (County) (State)
Burial	10/27/1971	Chesterfield Cemetery	Centreville, Md.

24. FUNERAL DIRECTOR	ADDRESS	25a. REC'D BY REGISTRAR DATE	25b. REGISTRAR'S SIGNATURE
J. Willis Wells	Chestertown, Md.	OCT 27 1971	Vernon G. Randall

VR A15 (4)
25m-1/70

1 4 15336

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
CERTIFICATE OF DEATH

15339

1. DECEASED-NAME (Type or print) First / Middle / Last	Elwin Moffett Ford
2a. DATE OF DEATH Month / Day / Year	10/4/71
2b. HOUR	10:30 P M
3. SEX	M.
4. RACE	W.
5. DATE OF BIRTH	July 4 1891
6. AGE (In years last birthday)	80 YRS.
IF UNDER 1 YEAR: MONTHS / DAYS	
IF UNDER 24 HRS.: HOURS / MIN.	
7a. BIRTHPLACE (State or foreign country)	Md.
7b. CITIZEN OF WHAT COUNTRY?	U.S.A.
8. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]	
9. COUNTY OF DEATH	Kent Md.
10. CITY OR TOWN OF DEATH	Still Pond
11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address)	Main & Maple Sts
12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.)	Farmer
12b. KIND OF BUSINESS OR INDUSTRY	
13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE	Md.
13b. COUNTY	Kent
13c. CITY OR TOWN	Still Pond
13d. INSIDE CITY LIMITS? YES [X] NO [ ]	
13e. STREET AND NUMBER	Main & Maple
14. FATHER'S NAME First / Middle / Last	Wilmer L. Ford
15. MOTHER'S MAIDEN NAME First / Middle / Last	Ella Moffett
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown) (If yes give war or dates of service)	no
16b. SOCIAL SECURITY NO.	219-34-3287
17. INFORMANT Address	Mrs. Lydia H. Ford Still Pond Md.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART 1. DEATH WAS CAUSED BY:

4124

IMMEDIATE CAUSE (a) Cardiac arrest (Myocardial decompensation) — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 2 hours

DUE TO, OR AS A CONSEQUENCE OF (b) A.S.C.V.D. — 10 years.

DUE TO, OR AS A CONSEQUENCE OF (c)

Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)

19a. DATE OF OPERATION	
19b. CONDITION FOR WHICH OPERATION WAS PERFORMED	
20a. AUTOPSY? YES [ ] NO [ ]	
20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?	
21a. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (If either, notify medical examiner)	
21b. TIME OF INJURY HOUR A.M. P.M. Month Day Year 19	
21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)	
21d. INJURY OCCURRED While at work [ ] Not while at work [ ]	
21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)	
21f. LOCATION Street or R.F.D. No. / City or Town / County / State	

22a. **I certify** that (I) (this hospital) attended the deceased from 1-10, 1969, to 10-4, 1971, that (I) (we) last saw the deceased alive on 10-4 1971, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (I) (we) (did) (did not) view the body after death.

22b. SIGNATURE	A.C. Dick DEGREE ATTENDING PHYS. [X] MED. DIRECTOR [ ] STAFF PHYS. [ ]
22c. DATE SIGNED	10-5-71
22d. PHYSICIAN'S NAME (Type)	A. C. Dick M.D.
22e. ADDRESS	Chestertown, Md.
23a. BURIAL, CREMATION, REMOVAL (Specify)	Burial
23b. DATE	10/7/71
23c. NAME OF CEMETERY OR CREMATORY	Still Pond Cemetery
23d. LOCATION (City or Town) (County) (State)	Still Pond Kent Md.
24. FUNERAL DIRECTOR ADDRESS	Marvin V. Williams Chestertown, Md.
25a. REC'D BY REGISTRAR DATE	OCT 13 1971
25b. REGISTRAR'S SIGNATURE	[signature]

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

VR A15 (4) 30M REV. 1/68

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FOR STATE HEALTH DEPT.

15337

MARYLAND STATE DEPARTMENT OF HEALTH

Item#4,13,FilmG441 10/14/71 kam

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

15340

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, Md. 21201

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 4 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form [redacted]. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Department of Health prior to burial, cremation, or removal, and in any event within 72 hours after death.

1. DECEASED-NAME (Type or Print) First: Howard	Middle: Linwood	Last: Ford	2a. DATE KNOWN OF DEATH ESTIMATED ☐ Month: 10	Day: 1	Year: 1971
2b. HOUR: M					
3. SEX: Male	4. RACE: Negro (Color)	5. DATE OF BIRTH: 9/25/1898	6. AGE (In years last birthday): 73 YRS.	IF UNDER 1 YEAR: MONTHS / DAYS	IF UNDER 24 HRS: HOURS / MIN.
2c. DATE PRONOUNCED DEAD: Month 10	Day 1	Year 19 71	2d. HOUR: M		
7a. BIRTHPLACE (State or foreign country): Maryland.	7b. CITIZEN OF WHAT COUNTRY? U.S.A.	8. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐	9. COUNTY OF DEATH: Kent County	Md.	
10. CITY OR TOWN OF DEATH: Chestertown	11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address): Kent & Queen Anne	12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.): Labor	12b. KIND OF BUSINESS OR INDUSTRY: Various		
13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE: Maryland	13b. COUNTY: Kent	13c. CITY OR TOWN: Chestertown	13d. INSIDE CITY LIMITS? YES ☐ NO ☐	13e. STREET AND NUMBER: Route [redacted] Box 327	
14. FATHER'S NAME First: Wash	Middle	Last: Ford	15. MOTHER'S MAIDEN NAME First: Clara	Middle	Last: Starling
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No	(If yes give war or dates of service)	16b. SOCIAL SECURITY NO.: 220-01-0641-A	17. INFORMANT: Mrs. Maude Ford	ADDRESS: R.F.D.#1 Millington, Md.	

MEDICAL CERTIFICATION

18. **CAUSE OF DEATH** (Enter only one couse per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a): Myocardial Infarction — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: Unknown

DUE TO, OR AS A CONSEQUENCE OF

Conditions, if any, which gave rise to immediate cause (a), stating the underlying couse lost.

(b): (Demonstrated on EKG in Emergency Rm)

DUE TO, OR AS A CONSEQUENCE OF

(c): Certificate signed for R.W.FARE MD. Unavailable this date

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)

19a. DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED?	20. AUTOPSY? YES ☐ NO ☐
21a. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH	21b. TIME OF INJURY Month, Day, Year HOUR A.M. P.M. 19	21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)
21d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21e. PLACE OF INJURY (At home, farm, street, factory, office building, etc.)	21f. LOCATION Street or R.F.D. No. / City or Town / County / State

22a. **I certify** that I took charge of the remains described above, held on Autopsy ☐, Inspection ☐, Inquiry ☐, and in my opinion death resulted from: Noturol couses ☑, Accident ☐, Suicide ☐, Homicide ☐, Undetermined monner ☐

ACTUAL SIGNATURE: O.S Gulbrandsen M.D.

EXAMINER'S NAME (Type): O.S GULBRANDSEN

CHIEF MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☑

ADDRESS(Street, city, town, or county)

22b. **DATE SIGNED** 10-5-71

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial	23b. DATE: 10/9/1971	23c. NAME OF CEMETERY OR CREMATORY: Mt.Zion United Meth.	23d. LOCATION (City or Town): Still Pond	(County): Kent	(State): Md.
24. FUNERAL DIRECTOR: Kenneth Wallace	ADDRESS: Chestertown, Md.	25a. REC'D BY REGISTRAR DATE: OCT 7 1971	25b. REGISTRAR'S SIGNATURE: Vernon B. Randall		

VR A15ME (5)
10M - 1/69

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15338

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

15341

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health priar to burial, cremation, ar removal, and in any event, within 72 hours after death.

1. DECEASED-NAME (Type or print) First	Middle	Last	2a. DATE OF DEATH Month Day Year
Goldie	Morgan	Jones	10 19 71

2b. HOUR: 12:10 M

3. SEX	4. RACE	5. DATE OF BIRTH	6. AGE (In years last birthday)	IF UNDER 1 YEAR: MONTHS / DAYS	IF UNDER 24 HRS.: HOURS / MIN.
Male	White	12-20-1897	73 YRS.		

7a. BIRTHPLACE (State or foreign country)	7b. CITIZEN OF WHAT COUNTRY?	8. MARRIED / NEVER MARRIED / WIDOWED / DIVORCED	9. COUNTY OF DEATH
Md.	U.S.	MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]	Kent Md.

10. CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL OR INSTITUTION (If nat in hospital give street address)	12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.)	12b. KIND OF BUSINESS OR INDUSTRY
Chestertown	Kent & Queen Anne's	Storekeeping	

13a. USUAL RESIDENCE (Where deceased lived, if institutian: Residence before admission) STATE	13b. COUNTY	13c. CITY OR TOWN	13d. INSIDE CITY LIMITS?	13e. STREET AND NUMBER
Maryland	Kent	Chestertown	YES [X] NO [ ]	527 High Street

14. FATHER'S NAME First	Middle	Last	15. MOTHER'S MAIDEN NAME First	Middle	Last
George	M.	Jones	Ida May		Joiner

16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, na, or unknown)	(If yes give war or dates of service)	16b. SOCIAL SECURITY NO.	17. INFORMANT Address
no	--	214-32-6861	Simpers M. Jones Chestertown, Md.

MEDICAL CERTIFICATION

18. **CAUSE OF DEATH** (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Cardiac failure — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 5 hours
DUE TO, OR AS A CONSEQUENCE OF
(b) Coronary sclerosis, emphysema & lung fibrosis — 10 years
DUE TO, OR AS A CONSEQUENCE OF
(c)

492X

Conditians, if any, which gave rise to immediate cause (a), stating the underlying cause last.

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)

19a. DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED	20a. AUTOPSY?	20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
		YES [ ] NO [ ]	

21a. ACCIDENT WAS / UNDERLYING CAUSE OF DEATH / OR CONTRIBUTING (If either, notify medical examiner)	21b. TIME OF INJURY HOUR A.M. P.M. Month Day Year 19	21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)

21d. INJURY OCCURRED While at work / Nat while at work	21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)	21f. LOCATION Street or R.F.D. No.	City or Town	County	State

22a. I certify that (I) (this hospital) attended the deceased from _____, 19____, to 10-19, 1971, that (I) (we) last saw the deceased alive an 10-19 1971, and that in (my) (aur) apinian death accurred an the date and haur and from the causes stated above, (I) (we) (did) (did not) view the body after death.

22b. SIGNATURE	ATTENDING PHYS.	MED. DIRECTOR	STAFF PHYS.	22c. DATE SIGNED
A. C. Dick, M.D.	[✓]	[ ]	[ ]	10-19-71

22d. PHYSICIAN'S NAME (Type)	22e. ADDRESS
A. C. Dick, MD	Chestertown, Maryland 21620

23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE	23c. NAME OF CEMETERY OR CREMATORY	23d. LOCATION (City or Town) (County) (State)
Burial	10/21/71	Chester Cemetery	Chestertown Kent Md.

24. FUNERAL DIRECTOR ADDRESS	25a. REC'D BY REGISTRAR DATE	25b. REGISTRAR'S SIGNATURE
Marvin V. Williams Chestertown Md.	OCT 26 1971	Vernon R. Randall

VR A15 (4)
25m-1/70

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

15339 — 15342

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

1. DECEASED-NAME (Type or print)	First: Harry	Middle: Clay	Last: Lusby	2a. DATE OF DEATH Month: October Day: 11 Year: 1971	2b. HOUR: 3:00 PM
3. SEX: Male	4. RACE: White	5. DATE OF BIRTH: May 12, 1897	6. AGE (In years last birthday): 74 YRS.	IF UNDER 1 YEAR: MONTHS / DAYS	IF UNDER 24 HRS.: HOURS / MIN.
7a. BIRTHPLACE (State or foreign country): Maryland	7b. CITIZEN OF WHAT COUNTRY?: USA	8. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]	9. COUNTY OF DEATH: Kent		Md.
10. CITY OR TOWN OF DEATH: Chestertown	11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address): Kent & Queen Anne's Hosp.	12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.)	12b. KIND OF BUSINESS OR INDUSTRY		
13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE: Maryland	13b. COUNTY: Kent	13c. CITY OR TOWN: Worton	13d. INSIDE CITY LIMITS? YES [X] NO [ ]	13e. STREET AND NUMBER	
14. FATHER'S NAME First: Edward	Middle	Last: Lusby	15. MOTHER'S MAIDEN NAME First: Lydia	Middle	Last: Jacobs
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes give war or dates of service)	16b. SOCIAL SECURITY NO.: 218-16-9750	17. INFORMANT: Hospital Records	Address: Chestertown, Maryland		

MEDICAL CERTIFICATION

18. **CAUSE OF DEATH** (Enter only one cause per line for (a), (b), and (c).) — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a): Pulmonary Embolism

DUE TO, OR AS A CONSEQUENCE OF (b): Coronary infarction — 4-5 Days

DUE TO, OR AS A CONSEQUENCE OF (c): ASCVD. — undet.

Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)

19a. DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED	20a. AUTOPSY? YES [X] NO [ ]	20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? yes

21a. ACCIDENT WAS OR CONTRIBUTING [ ] UNDERLYING CAUSE OF DEATH [ ] (If either, notify medical examiner)	21b. TIME OF INJURY HOUR A.M. P.M. Month Day Year 19	21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)	
21d. INJURY OCCURRED While at work [ ] Not while at work [ ]	21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)	21f. LOCATION Street or R.F.D. No.	City or Town / County / State

22a. **I certify** that (I) (this hospital) attended the deceased from October 1, 19 71 to October 11 19 71, that (I) (we) last saw the deceased alive on October 11, 19 71 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (I) (we) (did) (did not) view the body after death.

22b. SIGNATURE: Robert L. Damm DEGREE	ATTENDING PHYS. [X]	MED. DIRECTOR [ ]	STAFF PHYS. [ ]
22c. DATE SIGNED: 10/14/1971			
22d. PHYSICIAN'S NAME (Type): Robert L. Damm, M.D.	22e. ADDRESS: Chestertown, Maryland 21620		

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial	23b. DATE: 10/14/71	23c. NAME OF CEMETERY OR CREMATORY: Chester Cemetery	23d. LOCATION (City or Town): Chestertown, Md.	(County) (State)
24. FUNERAL DIRECTOR: Willis Wells	ADDRESS: Chestertown, Md.	25a. REC'D BY REGISTRAR DATE: OCT 15 1971	25b. REGISTRAR'S SIGNATURE: Vernon R. Randall	

VR A15 (4)
25m-1/70

12

15340

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
CERTIFICATE OF DEATH

15343

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

1. DECEASED-NAME (Type or print) First	Middle	Last	2a. DATE OF DEATH Month	Day	Year	2b. HOUR
Walter	Melvin	Rodney	October	17	1971	12:20 P

3. SEX	4. RACE	5. DATE OF BIRTH	6. AGE (In years last birthday)	IF UNDER 1 YEAR MONTHS	DAYS	IF UNDER 24 HRS. HOURS	MIN
Male	White	May 23, 1893	78 YRS.				

7a. BIRTHPLACE (State or foreign country)	7b. CITIZEN OF WHAT COUNTRY?	8. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐	9. COUNTY OF DEATH
Maryland	USA		Kent Md.

10. CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL OR INSTITUTION (If not in hospitol give street address)	12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.)	12b. KIND OF BUSINESS OR INDUSTRY
Chestertown	Kent & Queen Anne's Hosp.	Custodian	

13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE	13b. COUNTY	13c. CITY OR TOWN	13d. INSIDE CITY LIMITS?	13e. STREET AND NUMBER
Maryland	Kent	Rock Hall	YES ☐ NO ☒	

14. FATHER'S NAME First	Middle	Last	15. MOTHER'S MAIDEN NAME First	Middle	Last
James	Polk	Rodney	Mary	Melinda	Joiner

16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give war or dates of service)	16b. SOCIAL SECURITY NO.	17. INFORMANT	Address
No	220-01-5568	Hospital Records	Chestertown Maryland

MEDICAL CERTIFICATION

18. **CAUSE OF DEATH** (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Carcinoma of Gall Bladder — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

DUE TO, OR AS A CONSEQUENCE OF (b) = Local Invasion of Liver — 2 mths

DUE TO, OR AS A CONSEQUENCE OF (c)

Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)

19a. DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED	20a. AUTOPSY?	20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
		YES ☐ NO ☒	

21a. ACCIDENT WAS OR CONTRIBUTING ☐ UNDERLYING ☐ CAUSE OF DEATH (If either, notify medical examiner)	21b. TIME OF INJURY HOUR A.M. P.M. Month Day Year 19	21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)

21d. INJURY OCCURRED While at work ☐ Not while at work ☐	21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)	21f. LOCATION Street or R.F.D. No.	City or Town	County	State

22a. I certify that (I) (~~this hospital~~) attended the deceased from October 10, 19 71, to October 17 19 71, that (I) (~~we~~) last saw the deceased alive on October 17 19 71, and that in (my) (~~our~~) opinion death occurred on the date and hour and from the causes stated above, (I) (~~we~~) (~~did~~) (did not) view the body after death.

22b. SIGNATURE	DEGREE	ATTENDING PHYS.	MED. DIRECTOR	STAFF PHYS.	22c. DATE SIGNED
Harry P Ross		☒	☐	☐	10-19-71

22d. PHYSICIAN'S NAME (Type)	22e. ADDRESS
for A.T. Keefe, M.D. Harry P Ross	Chestertown, Maryland 21620

23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE	23c. NAME OF CEMETERY OR CREMATORY	23d. LOCATION (City or Town) (County) (State)
Burial	Oct. 20	Wesley Chapel	Rock Hall Kent Md.

24. FUNERAL DIRECTOR ADDRESS	25a. REC'D BY REGISTRAR DATE	25b. REGISTRAR'S SIGNATURE
Alyce R. Lane Church Hill, Md.	OCT 22 1971	Vernon R. Randall

VR A15 (4) 25m-1970

FOR STATE HEALTH DEPT.

15341

MARYLAND STATE DEPARTMENT OF HEALTH

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

15344

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, Md. 21201

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Department of Health prior to burial, cremation, or removal, and in any event within 72 hours after death.

1. DECEASED-NAME (Type or Print)	First: Gaylord	Middle:	Lost: Rolfe	2a. DATE OF DEATH: KNOWN ☐ ESTIMATED ☒	Month: 10	Doy: 18	Year: 19 71	2b. HOUR: 9:00 A M
3. SEX: male	4. RACE: white	5. DATE OF BIRTH: 1/27/26	6. AGE (In years last birthday): 45 YRS.	IF UNDER 1 YEAR: MONTHS / DAYS	IF UNDER 24 HRS: HOURS / MIN	2c. DATE PRONOUNCED DEAD: Month 10 Doy 18 Year 19 71	2d. HOUR: 10:30 A M
7a. BIRTHPLACE (State or foreign country): Maryland	7b. CITIZEN OF WHAT COUNTRY?: U.S.A.	8. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐	9. COUNTY OF DEATH: Kent				Md.
10. CITY OR TOWN OF DEATH: Eastern Neck Island near Rock Hall, Md.	11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address): Kent- Queen Anne's	12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.): Carpenter	12b. KIND OF BUSINESS OR INDUSTRY: Building				
13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE: Maryland	13b. COUNTY: Cecil	13c. CITY OR TOWN: Elkton	13d. INSIDE CITY LIMITS? YES ☐ NO ☒	13e. STREET AND NUMBER: R.D. # 1			
14. FATHER'S NAME: First Earl	Middle:	Lost: Rolfe	15. MOTHER'S MAIDEN NAME: First Grace	Middle: Spicer	Lost: Rolfe		
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes	(If yes give war or dates of service): WW LL	16b. SOCIAL SECURITY NO.: 215-22-9563	17. INFORMANT: Virginia L. Rolfe	ADDRESS: R.D. # 1 Elkton, Md.			

MEDICAL CERTIFICATION

18. **CAUSE OF DEATH** (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a): Code 440 Arteriosclerosis

DUE TO, OR AS A CONSEQUENCE OF: Code 410 Manner of death resembled

(b): acute myocardial infarction

DUE TO, OR AS A CONSEQUENCE OF

(c):

Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. 4109

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: Short

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)

19a. DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED?	20. AUTOPSY? YES ☐ NO ☒
21a. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH	21b. TIME OF INJURY Month, Doy, Year HOUR A.M. P.M. 19	21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.)
21d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21e. PLACE OF INJURY (At home, form, street, factory, office building, etc.)	21f. LOCATION Street or R.F.D. No. / City or Town / County / State

22a. **I certify** that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐, and in my opinion death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined manner ☐

ACTUAL SIGNATURE: Robert W Farr M.D.

EXAMINER'S NAME (Type): Robert W. Farr, M. D.

CHIEF MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☒

ADDRESS (Street, city, town, or county)

22b. DATE SIGNED: 10/18/71

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial	23b. DATE: 10-21-71	23c. NAME OF CEMETERY OR CREMATORY: Ebenezer Cemetery	23d. LOCATION (City or Town): Rising Sun	(County): Cecil	(State): Md.
24. FUNERAL DIRECTOR: Grant Funeral Home	ADDRESS: Paul R. Grant North East, Md.	25a. REC'D BY REGISTRAR DATE: OCT 21 1971	25b. REGISTRAR'S SIGNATURE: Vernon B. Randall		

VR A15ME (5) 8M-1/70

15

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

15342 **CERTIFICATE OF DEATH** 15345

1. DECEASED-NAME (Type or print) First: James Middle: Edgar Last: Seibert Seiverd	2a. DATE OF DEATH Month: October Day: 7, Year: 1971	2b. HOUR: 11:10 A.M.	
3. SEX: Male	4. RACE: White	5. DATE OF BIRTH: February 23, 1895	6. AGE (In years last birthday): 76 YRS. IF UNDER 1 YEAR: MONTHS / DAYS IF UNDER 24 HRS.: HOURS / MIN.
7a. BIRTHPLACE (State or foreign country): Pa.	7b. CITIZEN OF WHAT COUNTRY?: USA	8. MARRIED [x] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]	9. COUNTY OF DEATH: Kent Md.
10. CITY OR TOWN OF DEATH: Chestertown	11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address): Kent & Queen Anne's Hosp	12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.): Retired - U.S. Army	12b. KIND OF BUSINESS OR INDUSTRY
13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE: Maryland	13b. COUNTY: Q/A	13c. CITY OR TOWN: Crumpton	13d. INSIDE CITY LIMITS? YES [x] NO [ ] 13e. STREET AND NUMBER: Box 146
14. FATHER'S NAME First: George Middle: Lost: Seiverd	15. MOTHER'S MAIDEN NAME First: Mary Middle: Lost: WHITMAN		
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes (If yes give war or dates of service): W W I	16b. SOCIAL SECURITY NO.: 173-07-0972	17. INFORMANT: Hospital Records Address:	

MEDICAL CERTIFICATION

18. **CAUSE OF DEATH** (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

5604

IMMEDIATE CAUSE (a): Small Bowel Obstruction — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 3 days

DUE TO, OR AS A CONSEQUENCE OF (b): due to ~~[illegible]~~ Adhesions

Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.

DUE TO, OR AS A CONSEQUENCE OF (c):

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)

19a. DATE OF OPERATION: 10.6.71	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED: Obstruction	20a. AUTOPSY? YES [ ] NO [x]	20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
21a. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (If either, notify medical examiner)	21b. TIME OF INJURY HOUR A.M. P.M. Month Day Year 19	21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)	
21d. INJURY OCCURRED While at work [ ] Not while at work [ ]	21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)	21f. LOCATION Street or R.F.D. No. City or Town County State	

22a. **I certify** that (I) (this hospital) attended the deceased from Oct. 2, 1971, to Oct. 7, 1971, that (I) (we) last saw the deceased alive on Oct. 7, 1971, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (I) (we) (did) (did not) view the body after death.

22b. SIGNATURE: [signature] DEGREE ATTENDING PHYS. [x] MED. DIRECTOR [ ] STAFF PHYS. [ ]	22c. DATE SIGNED: 10.7.71	
22d. PHYSICIAN'S NAME (Type): Arthur T. Keefe, Jr., M.D.	22e. ADDRESS: Chestertown, Maryland 21620	
23a. BURIAL, CREMATION, REMOVAL (Specify): Burial	23b. DATE: 10/11/71	23c. NAME OF CEMETERY OR CREMATORY: Arlington Cemetery
23d. LOCATION (City or Town) (County) (State): Drexel Hill Pa.		
24. FUNERAL DIRECTOR: Edward Fellows Cry Son. ADDRESS: Millington Md.	25a. REC'D BY REGISTRAR DATE: OCT 14 1971	25b. REGISTRAR'S SIGNATURE: Vernon R. Randall

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

VR A15 (4) 25m-1/70

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

15343 — 15346

1. DECEASED-NAME (Type or print): First: Margaret; Middle: Elizabeth; Last: Sudler
2a. DATE OF DEATH: Month: October; Day: 8; Year: 1971
2b. HOUR: 10:10 A.M.
3. SEX: Female
4. RACE: Negro
5. DATE OF BIRTH: March 13, 1914
6. AGE (In years last birthday): 57 YRS. — IF UNDER 1 YEAR: MONTHS, DAYS — IF UNDER 24 HRS.: HOURS, MIN.
7a. BIRTHPLACE (State or foreign country): Maryland
7b. CITIZEN OF WHAT COUNTRY?: USA
8. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐
9. COUNTY OF DEATH: Kent — Md.
10. CITY OR TOWN OF DEATH: Chestertown
11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address): Kent & Queen Anne's Hosp
12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.): LABOR
12b. KIND OF BUSINESS OR INDUSTRY: VARIOUS
13a. USUAL RESIDENCE (Where deceased lived / if institution: Residence before admission) STATE: Maryland
13b. COUNTY: Q/A
13c. CITY OR TOWN: Centreville
13d. INSIDE CITY LIMITS? YES ☐ NO ☒
13e. STREET AND NUMBER: Rt 3, P.O.Box 81A
14. FATHER'S NAME First Middle Last: Walter Thomas Warner Sr.
15. MOTHER'S MAIDEN NAME First Middle Last: Catherine NMN Brown
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes give war or dates of service)
16b. SOCIAL SECURITY NO.: YES
17. INFORMANT Address: Hospital Records

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Atonic Renal Failure — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: years
582X
DUE TO, OR AS A CONSEQUENCE OF
(b)
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.
DUE TO, OR AS A CONSEQUENCE OF
(c)

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)

19a. DATE OF OPERATION
19b. CONDITION FOR WHICH OPERATION WAS PERFORMED
20a. AUTOPSY? YES ☐ NO ☒
20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21a. ACCIDENT WAS OR CONTRIBUTING ☐ UNDERLYING CAUSE OF DEATH ☐ (If either, notify medical examiner)
21b. TIME OF INJURY HOUR A.M. P.M. Month Day Year 19
21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)
21d. INJURY OCCURRED While at work ☐ Not while at work ☐
21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)
21f. LOCATION Street or R.F.D. No. City or Town County State

22a. I certify that (I) (this hospital) attended the deceased from Oct. 7, 19 71, to Oct. 8, 19 71, that (I) (we) last saw the deceased alive on Oct. 8, 19 71, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (I) (we) (did) (did not) view the body after death.

22b. SIGNATURE [signature] DEGREE — ATTENDING PHYS. ☒ MED. DIRECTOR ☐ STAFF PHYS. ☐
22c. DATE SIGNED: 10/8/71
22d. PHYSICIAN'S NAME (Type): C. Gottfried Baumann, M.D.
22e. ADDRESS: Chestertown, Maryland 21620

23a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
23b. DATE: 10/11/1971
23c. NAME OF CEMETERY OR CREMATORY: Rochester Cem.
23d. LOCATION (City or Town) (County) (State): Ingles.de Q.A md.
24. FUNERAL DIRECTOR ADDRESS: Kenneth Wells - Chestertown, md
25a. REC'D BY REGISTRAR DATE: OCT 19 1971
25b. REGISTRAR'S SIGNATURE: Vernon B. Randall

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon paper. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

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MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
CERTIFICATE OF DEATH

15347

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health priar to burial, cremation, or removal, and in any event, within 72 hours after death.

1. DECEASED-NAME (Type or print) First	Middle	Last	2a. DATE OF DEATH Month	Day	Year	2b. HOUR
Ivory	Geneva	Warren	October	1	1971	10:22 P M

3. SEX	4. RACE	5. DATE OF BIRTH	6. AGE (In years last birthday)	IF UNDER 1 YEAR: MONTHS / DAYS	IF UNDER 24 HRS.: HOURS / MIN.
Female	Colored	8/4/1901	70 YRS.		

7a. BIRTHPLACE (State or foreign country)	7b. CITIZEN OF WHAT COUNTRY?	8. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐	9. COUNTY OF DEATH
Maryland	U.S.A.		Kent Md.

10. CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address)	12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.)	12b. KIND OF BUSINESS OR INDUSTRY
Chestertown	Kent & Queen Anne's	Housewife	

13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE	13b. COUNTY	13c. CITY OR TOWN	13d. INSIDE CITY LIMITS? YES ☐ NO ☐	13e. STREET AND NUMBER
Maryland	Kent	Rock Hall		R.F.D.#1 Box 223

14. FATHER'S NAME First	Middle	Last	15. MOTHER'S MAIDEN NAME First	Middle	Last
James		Thompson	Minnie	Edith	

16a. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or Unknown	(If yes give war or dates of service)	16b. SOCIAL SECURITY NO.	17. INFORMANT	Address
No		YES	Hospital Records	

MEDICAL CERTIFICATION

18. **CAUSE OF DEATH** (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) CEREBROVASCULAR DISEASE — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 7 hrs

DUE TO, OR AS A CONSEQUENCE OF (b) (Signed for H.P. Ross, M.D. unavailable this date)

DUE TO, OR AS A CONSEQUENCE OF (c)

Conditions, if ony, which gave rise to immediate cause (a), stoting the underlying couse last.

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PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)

19a. DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED	20a. AUTOPSY? YES ☐ NO ☐	20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (If either, natify medical exominer)	21b. TIME OF INJURY HOUR A.M. P.M. Manth Day Year 19	21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)

21d. INJURY OCCURRED While at work ☐ Not while at work ☐	21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)	21f. LOCATION Street or R.F.D. No.	City or Town	County	Stote

22a. **I certify** that I) (this hospital) attended the deceased from October 1 19 71, to October 1 19 71, that (I) (we) last saw the deceased alive an October 1 19 71, and that in (my) (aur) apinian death accurred an the date and haur and fram the causes stated abave, (I) (we) (did) (did not) view the bady after death.

22b. SIGNATURE	DEGREE	ATTENDING PHYS.	MED. DIRECTOR	STAFF PHYS.	22c. DATE SIGNED
O.S. Gulbrandsen MD	MD	☐	☐	☑	10-5-71

22d. PHYSICIAN'S NAME (Type)	22e. ADDRESS
O.S. GULBRANDSEN, M.D.	

23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE	23c. NAME OF CEMETERY OR CREMATORY	23d. LOCATION (City or Town) (County) (State)
Burial	10/5/1971	Aaron Chapple Cem.	R.F.D. Rock Hall Kent Md.

24. FUNERAL DIRECTOR	ADDRESS	25a. REC'D BY REGISTRAR DATE	25b. REGISTRAR'S SIGNATURE
Kenneth Wells	Chestertown, Md.	OCT 14 1971	Damon G. Randall

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